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ISSUE SLIP (FAP) (For additional references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	10385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DD	68971 48	1/13/99 1/20/99 3/10/99

INDEX OF CLAIMS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- ÷ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

BEST AVAILABLE COPY

Claim		Date	
Final	Original		
1	1	4/24/98	
2	2	8/14/98	
3	3	3/10/99	
4	4	6/16/98	
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Claim		Date	
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